

STEPPARENT ADOPTION QUESTIONNAIRE

NOTICE: To begin a Stepparent Adoption, please obtain and read the Stepparent Adoption Information Sheet. In addition, this questionnaire must be filled out and sent to the Social Services Agency along with the required preliminary documentation before a file can be opened at the Social Services Agency.

Please mail the completed questionnaire AND preliminary documentation to:

**SOCIAL SERVICES AGENCY
373 WEST JULIAN ST. BLDG. 2 FLOOR 2
SAN JOSE, CALIFORNIA 95110
JANET LEE, C137 PHONE: (408) 501-6457**

Superior Court Case No.: _____

DIRECTIONS:

- 1) All responses are to be typewritten or clearly printed in ink.
 - 2) All responses are to be given under penalty of perjury. This questionnaire will be submitted to the Court after Social Services has completed its investigation.
 - 3) Answer ALL the questions.
 - 4) If English is not your first language. Specify language: _____
- * All adoption proceedings are confidential, however, the court file is subject to access by the parties involved or by Court Order.

Name of Attorney Handling Case

Telephone Number

Address

PART I - MINOR TO BE ADOPTED

Full Birth Name

Sex

Age

Birth Date

City/State of Birth

Health

Social Security Number

Complete Street Address

School

Grade

If 12 or over, does minor consent to this adoption? _____

Is minor aware that he/she is being adopted? _____

Has the relinquishing parent signed a consent to this adoption? _____

PART I - MINOR TO BE ADOPTED (continued)

When was the relinquishing parent's last contact with the child:

Date of last visit? _____ Date of last correspondence? _____

Date of last telephone call? _____

When and how much did the relinquishing parent last contribute to the child's support?

Date: _____ Amount: _____

Has this minor been the subject of a stepparent adoption or guardianship before? _____

If the answer is yes, specify date, county and state of previous adoption or guardianship:

PART II - NATURAL PARENTS

A) Birth Father (Complete this section even if the natural father was not named on the birth certificate).

Driver's License number and State: _____

Full Legal Name (no initials) City and State of Birth

Birth Date Address (current/last known)

Employer Occupation Home Telephone Number

Earnings Social Security Number Work Telephone Number

Email Address Cell Phone

Date of Death City and State Cause

MARRIAGES (list current marriage first):

Name	Marriage Date	State	How Terminated?	Date	State
XX					

A) Birth Father (Continued)

Did the father acknowledge the child as his own? _____

Have you ever contacted the Office of the District Attorney, Support Enforcement Division for the collection of child support? _____

Have you ever obtained a Paternity, Custody, and/or Child Support Order? _____

If natural parents were not married to each other, did they cohabitate

at the time of the child's birth? _____

after the child's birth? _____

If yes, specify inclusive dates of cohabitation _____

B) Birth Mother

Driver's License Number and State: _____

Full Legal Name (no initials) _____

Maiden Name _____

City and State of Birth _____

Birth Date _____

Address (current/ last known) _____

Home Telephone Number _____

Employer _____

Occupation _____

Work Telephone Number _____

Email Address _____

Cell Phone Number _____

Earnings _____

Social Security Number _____

Date of Death _____

City and State _____

Cause _____

MARRIAGES (list current marriage first):

Name	Marriage Date	State	How Terminated?	Date	State
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					

I, parent retaining custody, declare under penalty of perjury that the foregoing information, in parts I and II is true and correct.

Signature of Parent Retaining Custody

Date

PART III - PETITIONER

Full Legal Name (no initials) _____

Maiden Name _____

Birth Date _____

City and State of Birth _____

Driver's License Number and State _____

Address _____

Home Telephone Number _____

Employer _____

Occupation _____

Work Telephone Number _____

Email Address _____

Cell Phone Number _____

Earnings _____

Social Security Number _____

MARRIAGES (list current marriage first):

Name	Marriage Date	State	How Terminated?	Date	State
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XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Do you have children from a previous marriage or relationship? _____

Are you currently paying child support? _____

If yes, list name of child, birth date, monthly amount, time frame of obligation: _____

Do you have children from your current marriage? _____

If yes, list names and birth dates: _____

Describe your personal health, noting any chronic illnesses: _____

List any arrests for which you were cited, fingerprinted and/or booked. Attach additional pages if necessary. NOTE: Criminal record checks will be done for all parties involved.

DATE	CITY AND STATE	NATURE OF OFFENSE	DISPOSITION
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Are you currently on probation? _____ Parole? _____

If yes, list name and telephone of Probation/Parole Officer: _____

Is there a history of personal or family counseling? _____

If yes, list name of counselor, reason for counseling and time frame of counseling: _____

PART IV - CURRENT LIVING SITUATION

Person living in household (LIST NAME, RELATIONSHIP AND BIRTH DATE FOR ALL PERSONS IN HOUSEHOLD):

Number of bedrooms: _____ Sleeping arrangements for child: _____

How long at current address? _____ renting? _____ buying? _____ amount? _____

Other family income not noted above: _____

Please note below any child of a previous or current marriage who has been under the jurisdiction of the Juvenile Court as a Dependent Child or Ward of the Court:

NAME	DATE	AGENCY	COUNTY	STATE
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I, the Petitioner, declare under penalty of perjury that the foregoing information, in parts III and IV is true and correct.

Signature of Petitioner

Date